| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | 1 0 | Application or Docket Number 10/538347 | | | |
|--|---|---|---|---|-----------------------|------------------|-------------------------------------|--|--|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL I | ENTITY | OR | OTHER SMALL | | |
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. | LL ENT. = \$ 150 | | SE ENT. = \$ 300 | BASIC FEE | | OR | | | |
| EXAMINATION FEE | | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | her situations = | EXAM. FEE | | - | EXAM, FEE | 300 | |
| SEARCH FEE | | | All other situations (ie. No Search Rpt.) = \$ 250 / \$ 500 | | | | SEARCH F | | 1 | SEARCH FEE | 900 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | | X \$ 125 | = | 1 | X \$ 250 = | 100 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = * | | | | X \$ 25 | = | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 3 m | inus 3 ≈ | * | | X \$ 100 | = | OR | X \$ 200 = | | |
| MULTIPLE DEPENDENT CLAIM PRI | | | | | | | + \$ 180 | = | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | lumn 2 | TOTAL | | OR | TOTAL | 900 | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | SMAL | OTHER THA ALL ENTITY OR SMALL ENTIT | | | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X \$ 25 = | = | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | X \$ 100 | = | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 | = | OR | + \$ 360 = | | |
| | | | | | | | TOTAL ADD | lŤ, | OR | TOTAL ADDIT. FFF | | |
| | | (Column 1) | | (Colun | | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | X \$ 100 : | = | OR | X \$ 200 = | | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | NDENT C | LAIM | | + \$ 180 = | = | OR | + \$ 360 = | | |
| *** | If the "Highest Nu If the "Highest Nu | ımn 1 is less than the ımber Previously Pai ımber Previously Paid nber Previously Paid | d For" IN THIS SP d For" IN THIS SP | ACE is less | than '20 than '3', |)' enter "20" | TOTAL ADD FFF the appropriate | | OR | TOTAL ADDIT. FFF | | |

(Nev. 02/2005)

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